

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00552422 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 5 Mapleton Road Suite 300			Amount 117774.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4243		
Purpose of Expenditure TV Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014		
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		779389.14	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		

Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 5 Mapleton Road Suite 300			Amount 2226.00		
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4244		
Purpose of Expenditure Radio Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014		
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		781615.14	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

MM / DD / YYYY
03 / 28 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 15699.50	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4245
Purpose of Expenditure Radio Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 28 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 797314.64		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 15699.50	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4246
Purpose of Expenditure Radio Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 28 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 813014.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31399.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 3333.33	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4247
Purpose of Expenditure Internet Media Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 28 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 819680.81		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Morado & Associates, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1217 E Cape Coral Parkway PMB #160		Amount 3333.33	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4248
Purpose of Expenditure Internet Media Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 28 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 823014.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6666.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Morado & Associates LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1217 E Cape Coral Parkway PMB 160		Amount 3333.34	
City Cape Coral	State FL	Zip Code 33904	Transaction ID : SE.4249
Purpose of Expenditure Internet Media Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 28 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 816347.48		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3333.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	161399.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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03 / 28 / 2014

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